

Your claim packet must include original "wet" signatures from the person(s) designated in your resolution. Please sign in blue ink and make photocopies of the signed originals.

Please submit the **original and one copy** of the entire claim package to:

State Water Resources Control Board, Safe Drinking Water Office
P.O. Box 997377, MS 7418
Sacramento, CA 95899-7377

In addition, a **full copy** of the claim package must be sent to your SWRCB District Office.

Instructions for completing "CLAIM FOR REIMBURSEMENT (PUBLIC OR PRIVATE)"

INDICATE WHICH FUNDING SOURCE YOU ARE CLAIMING

Choose from the menu in the heading and check the appropriate box below it.

PART A

Name of Water System

The name should be identical to the name used in the Funding Agreement with the State.

Funding Agreement Number

The number is on the Funding Agreement (*Ex. AR09NI00*)

Claim Number

Submit no more than one claim per month. The format for numbering claims will be in sequence (Claim No. 1, No. 2, etc.)

PART B - Expenditure Summary

Line Item Number

This number corresponds to the line items on your Budget and Expenditure Summary form as well as the corresponding Itemized forms.

Attachment Number

Numerically identify each attachment, corresponding to each Claim for Reimbursement (Itemized) form, found in the upper right hand corner.

Description

Must match the B&E line item description but may include additional information, such as the name of the contractor.

Project Expenditures

Enter the total dollar amount incurred for the line item this claim period. (include costs funded by SRF* as well as non-SRF* sources).

Matching Funds/Supplier's Cost/Other Fund Source(s)

If required by Funding Agreement to demonstrate matching funds, enter the dollar amount covered by non-SRF* sources for this claim.

Funds Requested

The dollar amount of SRF* funds requested for each line item.

If your project is funded from multiple sources, you must submit to SWRCB copies of all payment requests (claims) for each funding source, including support documentation.

PART C - Totals

1. Sum of project expenditures and SRF* funds requested from the columns in Part B.
2. Total all prior claims - *Do not include this claim*.
3. Sum of Items 1 (Total this Claim) and 2 (Total all prior claims).
4. SRF* amount from the Funding Agreement.
5. Same as Item 3, the sum of Items 1 and 2.
6. Funds still available - Item 4 minus Item 5. This amount must be equal to or greater than zero.

The totals in Part C should match the totals on the Claim B&E.

DO NOT WRITE IN THE BLOCKS MARKED "FOR STATE USE ONLY".

If additional space is required use a second Claim for Reimbursement form and identify it as "Page Two" in the upper right hand corner.

Show a total only for the last Claim for Reimbursement form.

Instructions for submitting "ITEMIZED CLAIM FORM"

Submit an itemized form for each contractor whose service is being funded this claim.

PART A

FOR CONSTRUCTION COSTS ONLY - Date of Completion

The expected completion date for this contractor's portion of the project.

FOR CONSTRUCTION COSTS ONLY - Amount of Contract

The amount of the contract for this contractor's portion of the project.

If any revisions have been made to the completion date or contract amount, note them in the space provided.

The SWRCB District Office must approve of any changes.

Dates of Claims

The date range for this claim (from the Public/Private claim form).

PART B

Budget Line Item

This number corresponds to the line items on your claim (Public/Private) and Budget and Expenditure Summary form.

Contract Items (Unit, Quantity and Unit Price)

"See Attached Invoice # [enter corresponding invoice number or range]." Alternatively, identify each item by its basic description.

This Period

Quantity and Amount

Total amount for this contractor submitted this claim.

Total to Date

Quantity and Amount

Total amount for this contractor to date (entire project).

PART C

Amount Earned

Total of "This Period" and "Total to Date" columns in Part B.

Amount Due (This Period) and Amount Due (Total to Date)

Enter the amount of funds requested this claim.

Previous Payments

Enter the sum of previous payments related to this contractor in the Total to Date column.

FOR CONSTRUCTION COSTS ONLY - Estimated Percentage

Total percentage of work completed by this contractor for this contract, required.

FOR CONSTRUCTION COSTS ONLY - Contractor's Progress

Indicate if contractor is on schedule. If "no," explain.

Part D

D2 and D3 must always be signed by the personnel designated in the resolution. Part D2 is always signed by a registered civil engineer unless otherwise approved in writing by State. Part D1 is signed **FOR CONSTRUCTION COSTS ONLY**.

DO NOT REQUEST REIMBURSEMENT FOR FUNDS THAT WON'T BE IMMEDIATELY DISBURSED TO THE CONTRACTOR, INCLUDING RETENTION.

****These instructions apply for all SWRCB Drinking Water Program fund sources: SRF, ARRA, Prop 50, Prop 84.***